



State POFF Defined Contribution Plan

California Public Employees' Retirement System
1-888-777-1349

P.O. Box 9255
Boston, MA 02209-9255

CHANGE OF ADDRESS REQUEST

This form is to be used only by employees who have separated or retired, or who are not currently eligible for monthly contributions to the POFF. Active employees who earn contributions to the POFF must submit address changes on an Employee Action Form (EAR) and submit to their personnel office.

I have moved. My new address is:

Street Address

City State Zip

My previous address was:

Street Address

City State Zip

Signed: _____

Name: _____
(Please print)

Social Security
Number: _____

Date: _____

**Mail to: State Street Corporation
State POFF Defined Contribution Plan
PO Box 9255
Boston, MA 02209-9255**